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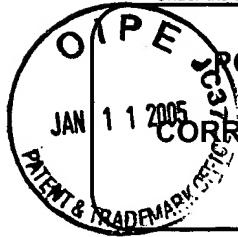
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PTO/SB/81 (11-04)

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INDICATION FORM**

Application Number	09/768,141
Filing Date	1/24/01
First Named Inventor	Styler, Terry
Title	Kolla 2 - Deodorant ..
Art Unit	1653
Examiner Name	Mondesi, Robert
Attorney Docket Number	2266 300 001

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

OR

Practitioner(s) named below:

Name	Registration Number
Terry L. Miller	29,568

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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Firm or Individual Name: Law Office of Terry L. Miller

Address: 24832 Via San Fernando

City: Mission Viejo State: California Zip: 92692

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature: *Ahmad Al-Kayani* Date: 1-5-2005  
 Name: Ahmad Al-Kayani Telephone:  
 Title and Company: CEO, Collagen II Nutrition, Inc.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of \_\_\_\_\_ forms are submitted.

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PTO/SB/82 (09-04)

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**REVOCATION OF POWER OF  
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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/768,141
Filing Date	11/24/01
First Named Inventor	Styler, Terry
Art Unit	1653
Examiner Name	Mondesi, Robert
Attorney Docket Number	2266 300 001

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

**OR**

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

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Customer Number:

**OR**

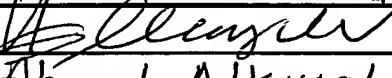
<input checked="" type="checkbox"/> Firm or Individual Name	Terry L. Miller				
Address	24832 Via San Fernando				
City	Mission Viejo	State	California	Zip	92692
Country	US				
Telephone	949-951-8456	Fax	949-951-8456		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Ahmad Alkayal		
Date	1-5-2005	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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